

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
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TOTAL IND.	4		↓		↓			↓		↓		↓	
TOTAL DEP.	95		←		←			←		←		←	
TOTAL CLAIMS	21		←		←			←		←		←	